DOCUMENT RESUME

ED 451 467 CG 030 853

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TITLE The Normalcy of Parental Bereavement: Re-Thinking Complicated Mourning.
PUB DATE 2001-04-00
NOTE 13p.; Paper presented at the Annual Conference of the Association for Death Education and Counseling (Toronto, Ontario, March 28 - April 1, 2001)
PUB TYPE Opinion Papers (120) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adjustment (to Environment); Bereavement; *Children; *Counselor Role; *Death; Family Relationship; Family (Sociological Unit); Grief; Interpersonal Competence; *Parent Child Relationship

ABSTRACT

The death of a child is a traumatic event for parents. Parental bereavement is a normal reactive process to an abnormal event. The duration of grief is life-long with varying intensity. It requires readjustment to a new reality. This process of readjustment is considered from both the bereaved parent's and from the outside observer's perspectives. Readjustment entails a constant interpretation of the grief experienced. It involves changes in perception of self and changes in the relationships with the living family. Readjustment also occurs through the grief that is expressed in emotions, behaviors, coping strategies, and influences on health. The process moves from the attachment to the deceased child to an emergence of a new self/identity and may continue to progress to the discovery of new meaning in life. Counselors can help parents with the process of reconnecting them to life and assist them in functioning in a productive and nondestructive manner. (Author/JDM)

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ED 451 467

The Normalcy of Parental Bereavement – Re-Thinking Complicated Mourning

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In the last decade, we have witnessed an increase in the tendency to categorize human conditions which fall outside the range of 'normalcy' as 'complicated.' This categorization is not without its accompanying risks for both counselors and clients, especially when the clients are bereaved parents. The risk for counselors in mistakenly labeling what is 'normal' as 'complicated' is one of emotional alienation from clients, which may lead to unnecessary boundaries in intimacy and lack of compassion for the parents; the risk for grieving parents, on the other hand, is that of becoming further isolated.

I challenge the concept of complicated mourning in the context of the Readjustment Model of Parental Bereavement: From what perspective do we define 'normal' and 'complicated?' What is the nature of these definitions – from a bereaved parent's perspective? From an observer's perspective? Should a life-altering event, which has a complex life-long impact with no language to fully describe its effect, be defined from an observer's only unilateral viewpoint? Or better, should we re-define parental grief from a combined parent-observer's simultaneous and multi-dimensional viewpoint? What purpose do we serve by continuing to label some of parents' grief reactions as deviant?

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Introduction:

Historically, researchers have been referring to grief as "the grief process," as if there is one, universal way of grieving with slight variations in reactions due to individual differences. The grief process has been thought of as having a beginning, middle, and end. If grief is either not expressed in an expected manner, or it does not come to an end, then it is considered to be a 'dissonant response,' 'complicated,' 'abnormal,' or even 'pathological.' One such universal approach to understanding the grieving process is the "grief work" hypothesis. This hypothesis emphasizes, "— that only by experiencing strong affect such as distress or depression and 'working through' such feelings can a bereaved person ever expect to reach a sense of resolution about grief (Martin and Doka ,2000, p. 28)."

From a universal-generalized perspective, and more typically, the medical conceptualization of grief – the experience of grief itself, the duration of grief or 'prolonged grief' has been the focus of researchers' and practitioners' interest: Has the bereaved adjusted to a life without the deceased? Has his/her grief been resolved? Because the duration of grief varies widely, the concept of "prolonged grief" or "delayed grief" has become difficult to define. Nowadays, "the concerns about "prolonged grief" have been dropped in favor of an emphasis on factors that "complicate" grief or that may result in "pathological" grief. Even so, as the boundaries of what is considered normal become more flexible, the pathological category is becoming more focused. As the

understanding of grief has become less categorical, there is a more cautious attitude with respect to labeling particular manifestations of grief as pathological or abnormal (DeSpelder & Strickland,1999, p. 241).

According to Rando (1993) "-- in complicated mourning there is —some compromise, distortion, or failure of one or more of the six 'R' processes of mourning."

She further asserts that, in all forms of complicated mourning, there are the mourner's attempts to do two things: (1) to deny, repress, or avoid aspects of the loss, its pain, and the full realization of its implications for the mourner; and (2) to hold onto, and avoid relinquishing, the lost loved one."

But in her classical text, Treatment of Complicated Mourning (1993, p. 630), Rando concludes that, "-- clinical and empirical data mandate a new model of parental mourning and new criteria for identification of pathology in bereaved parents. The traditional criteria for pathology are inapplicable here: The simple fact is that what is considered abnormal or pathological in other losses is typical after the death of a child in the sense that it is experienced by the majority of bereaved parents. Failure to delineate a new, more appropriate model of mourning and to determine what constitutes pathology within this group has resulted in the development of inappropriate and unrealistic expectations for bereaved parents, who cannot and must not be expected to have the same bereavement experiences as other mourners."

The RMPB (Kagan (Klein), 1998))

My Readjustment Model of Parental Bereavement (Kagan (Klein), 1998)) represents the first systematic attempt to conceptualize parental bereavement.

The RMPB with emphasis on the normalcy of this process, is a specific, non-universal, non-linear model. The RMPB describes the dynamic processes underlying the grieving of a parent whose child died suddenly. Although it best describes the experience of those particular parents, it nevertheless, is more applicable to other bereaved parents than to bereaved individuals who are not grieving the loss of a child.

DeSpelder & Strickland, state that it is not a simple task to assess whether a person is experiencing "complicated grief." For example, how should the bereaved "relinquish" the lost loved one while yet maintaining, in some way, bonds with the deceased? Or does the death of a child always result in "complicated grief?" Notice, that complicated grief, need not necessarily result in "dysfunctional" or "pathological" grief.

A dissonant response, according to Martin and Doka (2000) " --- represents the griever's failure to effectively discharge grief energy over time. Since it requires energy to restrain energy, dissonant responses may delay or inhibit the griever from resolving his or her losses." Dissonant responses, they state, meet Rando's requirement of avoiding aspects of the loss, particularly the pain. They add, "— that complicated mourning must involve the griever's refusal to let go of the lost love, " or 'cling to the deceased.'"

Let us examine the validity of these general conceptualizations of 'successful-grief' and 'complicated-grief' or 'failed-grief,' in light of a specific type of loss – the sudden death of a child and the process of parental bereavement:

The RMPB presents 11 assumptions.

Handout:

(Adapted from: **Kagan (Klein), H. (1998). Gili's Book, *A Journey into Bereavement for Parents and Counselors.* New York: Teachers College Press, Columbia University)**

ASSUMPTIONS:

1. Parental bereavement is a unique form of grief.

2. Deep Sadness underlies parental grief.

3. Parental bereavement is a normal constellation of reactions to an abnormal event.

4. Bereavement is not an illness, a disorder nor pathology and therefore there is no recovery from, nor an end to it.

5. Parental bereavement is best described as a process of readjustment to a reality of living with loss, of re-learning to live without the child. Inward Steps and Outward Steps taken simultaneously characterize this process.

6. In this process, a new self emerges which has incorporated and internalized aspects of the deceased child.

7. Bereaved parents do not sever their bonds with their deceased children.

8. In time, the parent develops a 'dual-image' of his or her child - a 'real-image', and a 'shadow image' (special case of donor parents).

9. Bereaved parents do not stop grieving, although the grief may vary in intensity. It is often unpredictable, but it is life long, as the process of readjustment is life long. There are no timetables in parental bereavement.

10. A turning point in the bereavement process occurs when the parent identifies a mission - a new reason, passion, or focus to live for.

11. In order to understand a parent's grief, we must take into consideration this individual's social, cultural and spiritual worlds, history, beliefs, and values. It is an individual process beyond gender and other stereotypes.

It emphasizes the uniqueness of this life-altering experience, and the concept of parental bereavement as a *life-long* Readjustment process consisting of *simultaneous Steps taken Inward and Outward*. Simultaneity in the sense that all emotions are experienced at once, and not in a linear, stage-wise manner. At times, a certain type is more predominant than the other. During the entire life-long process of readjustment the bereaved parent experiences the 'dance' of Inward and Outward Steps – achieving balance when both types of steps are taken, and being out of balance when one type is more predominant than the other.

Each type of Steps is *defined from the bereaved parent's perspective* (the ultimate expert) and not from the observer`s view point, and in accordance with two dimensions: *Intention and Action.* Inward Steps – Intention: exploration of self, soul searching. Action: withdrawal. Outward Steps – Intention: reconnection to outside world. Action: visible steps of connection/communication.

The RMPB describes parental grief as a normal experience and a normal constellation of reactions to an abnormal event. The readjustment style needs to be evaluated from a life-long perspective (i.e., conveying a high level of tolerance to unpredictable changes in perception of self, of grief, and of behaviors as a result). With the death of one's child, especially a sudden death, the parent's life is instantly divided into before the loss and after the loss. The parent enters an un-familiar reality, with new rules, a new language, new relationships, new physical sensations, sometimes, new metaphysical experiences, with unanswerable questions, with indescribable pain, and with a sense of aloneness in that unique experience – all of which lasts a life time. How can one expect to feel, think and behave in any familiar manner? Under these circumstances, how can we define what is normal, complicated, non-complicated or pathological for a specific parent, unless we consider that parent's perspective during his/her life- time.

Rando affirms that, "-- parental bereavement fails to be explained adequately by general conceptualizations held for grief and mourning, and is actually compromised -- ." (1993, p. 625). In the case of a child's death, Rando states, bereaved parents inherently have the greatest number of factors to promote <u>failure to mourn</u> in any individual. The death of a child involves the greatest number of factors known to affect any individual's bereavement. Parental mourning thus, is compromised because what is required in

successful mourning is made difficult or even impossible by the consequences of the severing of the parent-child bond.

Unlike Rando, and others, it is my conviction, that from a life-long perspective one cannot fail to grieve. Because if the parent survives, he/she eventually readjusts - in most favorable or less optimal ways - to this new reality, finds new meaning to his/her survival in grief, and without detaching him/herself from the deceased child.

In the life-long process of readjustment to the reality without his/her child, a parent may choose, temporarily or even permanently, destructive means of coping with his/her pain. A parent may medicate him/herself in an attempt to deaden, numb, or avoid his/her grief. Can we assume that the medicated parent is not grieving? Paradoxically, the act itself of self-medication with the intention of stopping or lessening the pain, is the very indication of the existence of grieving. None of these acts mean that this parent has not been grieving 'successfully.' The parent's mere survival the death of his/her child, grieving his/her death - regardless of the style of experience, expression and adjustment patterns- is already a 'success.' Finding meaning in survival, turning surviving into living is a desirable outcome for readjustment. After all, we would like to think of the bereaved parent as capable of finding new hope for living. But even a parent who uses less than desirable coping styles, may find meaning in his/her survival. A parent who, for the rest of his/her life, becomes disenchanted with life, still, is not a 'failure' in grieving. There are no scores that should be gained from an outside observer on how well one grieves according to that observer's expectations. Grieving should not be judged as such. The best we can say about a parent who consistently, and for most of his/her life, chooses destructive means of coping, is that his/her reactions may be extreme and not desirable,

but may still be considered normal (even for a psychotic person, his grief reactions are normal to him). Less than desirable adjustment - is not lack of adjustment or failure in readjustment, it is just another avenue of adjustment. In a culture that values winning and success in all of life endeavors, a grieving individual, as a member of this culture, has to carry the additional burden of proving himself/herself as a successful mourner, and if not defined as a success than he/she is a failure in mourning! Not only does a parent feel guilt and shame for surviving his/her child, for failing to save their child's life, but now, he/she is also judged as a success or failure in his/her grief.

In reference to Rando's definition of Complicated Mourning:

Is there a true postponed/delayed, etc., grief in parents? Or rather as Martin and Doka (2000) suggest: a different style/pattern of grief, such as: an Intuitive or an Instrumental, may explain the lack of verbal expression. Lack of verbal expression does not indicate, necessarily, lack of grief experience. And from the RMPB perspective, regardless of the style of experience, expression and adjustment (i.e., Intuitive, Instrumental), lack of recognizable expression may be an indication of Inward Steps. A parent may even want to communicate verbally his/her grief experiences but lacks the words to describe what he/she feels and thinks. A first time bereaved parent may lack any format to interpret his/her experience.

Is there *no grief* in a parent?

From an evolutionary perspective, I assume that the most evolved mentally are the most attached to their offspring. As such, we are not only capable of mourning the dead, but also of grieving their symbolic meaning to our lives. Parents therefore, are the most prone to a life-long mourning for the death of their children.

A new self/identity emerges while internalizing aspects of the deceased child – real or wished for.

With the death of a child – the parent's old self/identity ceases to exist, and familiar coping mechanisms cease to exist as well. In the life-long process of readjustment, a new identity evolves, with new experiences of grieving, of expressions and of adjustment patterns. However, the process is unpredictable. With this conceptualization in mind, can the outside observer correctly diagnose a condition as final, as complicated or as pathological? Or should the outside observer seek a multidimensional-developmental diagnosis of the bereaved? Is there non-complicated grief at all?

Turning points – discovery of new meaning, new life goals/purpose:

A desirable process of readjustment entails the self acknowledgment of the parent's inner conflict between the wish to join his/her child (this does not mean that the parent is suicidal), and the desire to live. The parent needs to acknowledge his/her life-force (Inward Steps), and to re-engage with life (Outward Steps), to rediscover new meanings and new purpose for living. These discoveries are turning points in the life-long process of readjustment.

Conclusions:

There is insufficient understanding of bereavement, in particular, parental bereavement. With no familiar mechanisms; with no known words/phrases to describe the new reality/ this new experience/ with no learned scheme to organize and interpret this new experience – how can the parent be expected to express his/her experience?

If no previous format exists to respond/cope with the death of a child – and a lifetime is needed to readjust to this new reality; new self/identity; new relationships with the deceased; new relationships with surviving relatives – we need to expand our definition of 'normalcy,' when it comes to the adjustment of a bereaved parent (if you landed on an unfamiliar planet and you were considered 'normal' prior to your landing – no known pathological behavior – should your behavior be described now as 'complicated?' Or do we need to adopt a different perspective to describe these parents' behaviors?)

Grief is expressed/experienced in many ways and levels: emotional; spiritual; cognitive; behavioral; physiological, etc. Grief reactions are also culturally defined by self, and interpretations of outside observers are culturally-biased.

All expressions of parental bereavement are profound and complicated, but not necessarily pathological. But since human behavior is largely unpredictable, I may say with caution that there must be in any society a few who deviate from the realm of what is acceptable in that society or perhaps even in the human race.

I suggest a new definition of parental bereavement:

Since the parent is the ultimate expert on what pains him/her, a complete definition should contain both the parent's viewpoint and that of the observer.

Observer and parent have different points of view and different interpretations. To define from the observer's viewpoint, means defining parental grief from outside-in only. Defining from a parent's viewpoint is to define from inside-out. Each viewpoint

separately is limited. Both views however, are necessary, in defining this existential condition.

Definition:

The death of a child is a traumatic event for the parent who is attached to this child, especially if the death was sudden and violent. Parental bereavement is a normal reactive process to an abnormal event. As such, it is complicated, complex, multi-dimensional, and profound. The duration of grief is life-long with varying intensity. It requires readjustment to a new reality. The process of readjustment is defined both from the bereaved parent's perspective and from the outside observer's. Readjustment entails constant, resonating changes in grief experienced: in changes of perception of self, of the deceased child, of relationship with the deceased and with those alive. In grief expressed: through physiological changes and in health, spiritual beliefs, cognitions, emotions, behaviors, and in coping strategies. The process is characterized by Deep Sadness, simultaneous Inward and Outward Steps, by a continuing attachment to the deceased child, by an emergence of a new self/identity, and by the discovery of new meaning and turning points. A desirable process of readjustment is one that results in an overall ability of the bereaved parent to, eventually, reconnect to life and to function in all areas of one's life, considering changing circumstances, in a productive and non destructive manner, and in accordance with standards accepted by a specific /culture in a particular historical time.

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